Indoor Air Quality – Preliminary Occupant Questionnaire Instructions

Pleas answer the following questions to the best of your ability. Simply click on or tab to the appropriate section and click or type your response.

Upon completion of the form you can either save it or scan it and send it as an attached file to ehs@niu.edu or print it out and send it via campus mail to Environmental Health and Safety, Dorland Building.

If you have any questions, please contact Dave Scharenberg at:

815-753-1093

dscharenberg@niu.edu

Northern Illinois University

Environmental Health and Safety

Indoor Air Quality – Preliminary Occupant Questionnaire

Name: Phone number

Building & Room#: Date:

1. Approximately how many hours per week do you work? _____ hour(s)

2. Approximately how many hours per week do you spend in the room(s) where you are experiencing problems? _____hour(s)

3. Approximately how many years have you been working in the building? _____ year(s)

4. Please indicate your primary work space:
   - ☐ Work throughout building
   - ☐ Enclosed office/room
   - ☐ Cube with tall wall (>6 feet)
   - ☐ Cube with short wall (<6 feet)
   - ☐ Other ☐

5. On the average, how many hours do you use a computer at work?

   ☐ Less than 2 ☐ 2 to 4
   ☐ 4 to 6 ☐ 6 or more
   ☐ none

6. Were any of the following items regularly used at/near your workstation during the past year:

   ☐ Portable fan cooing unit
   ☐ Portable air filter or cleaner
   ☐ Portable space heater
   ☐ Portable humidifier

7. At any time during the past year have you noticed evidence of new or continued water leaks from the ceiling, floors, walls, or pipes near your workstation?
   - ☐ Yes
   - ☐ No

8. During the past year have any of the following changes taken place within 15 feet of your current workstation?

   ☐ New carpeting
   ☐ New furniture (chairs, desks
   ☐ New equipment (computer)
   ☐ Wall construction
   ☐ Walls painted
   ☐ Room/cubes rearranged

9. Please check the condition(s) below that best describes your current work area. (Note-If you /your coworkers have modified your work area [e.g., added fans or heaters, opened doors, etc.], please answer based on how you would describe the work area without the modification.)

During the last ***YEAR***					
How often was... (provide date(s)/date range, if applicable*)	**Never**	**Randomly**	**Monthly**	**Weekly**	**Daily**
the temperature too hot?	☐	☐	☐	☐	☐
the temperature too cold?	☐	☐	☐	☐	☐
the air circulation poor?	☐	☐	☐	☐	☐
the air dusty?	☐	☐	☐	☐	☐
the air too humid?	☐	☐	☐	☐	☐
there disturbing noises?	☐	☐	☐	☐	☐
Other_____	☐	☐	☐	☐	☐

*Issues and date(s):

During the last ***YEAR***					
Please indicate whether there is a seasonal correlation with the following conditions:	**Not Related**	**Spring**	**Summer**	**Fall**	**Winter**
the temperature too hot?	☐	☐	☐	☐	☐
the temperature too cold?	☐	☐	☐	☐	☐
the air circulation poor?	☐	☐	☐	☐	☐
the air dusty?	☐	☐	☐	☐	☐
the air too humid?	☐	☐	☐	☐	☐
there disturbing noises?	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

Please continue on page two

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10. Please check the category below that best describes the frequency of odors in your work area.

During the last year how often, if at all, did you notice any of the following odors in your work area? (provide date(s)/date range, if applicable*)	Never	Randomly	Monthly	Weekly	Daily
tobacco smoke	☐	☐	☐	☐	☐
musty, moldy, and/or damp basement smell	☐	☐	☐	☐	☐
food smells	☐	☐	☐	☐	☐
paint and/or construction odors	☐	☐	☐	☐	☐
diesel of other exhaust odors	☐	☐	☐	☐	☐
photo copy machine	☐	☐	☐	☐	☐
chemical odors	☐	☐	☐	☐	☐
perfumes/fragrances	☐	☐	☐	☐	☐
other	☐	☐	☐	☐	☐

*Issue & Date(s)/date range

11. Are you experiencing any physical symptoms that you think may be attributed to your work environment?
☐ Yes
☐ No
If none please go to question 13

12. Please describe the physical symptoms
Symptom #1
Symptom #2
Symptom #3

12a In which season(s) are you bothered more by the symptoms you reported in question 11?
☐ Winter ☐ Spring
☐ Summer ☐ Fall
No relation to seasons

12b Do the above symptom(s) clear up within 1 hour after leaving the building?
Symptom #1 ☐ Yes ☐ No
Symptom #2 ☐ Yes ☐ No
Symptom #3 ☐ Yes ☐ No

12c If no, which symptom(s) persist throughout the work week?
☐ #1 ☐ #2 ☐ #3

12d Are you currently being treated by a health care professional for any of the stated symptoms?
☐ Yes ☐ No

12e If yes, which one(s):
☐ #1 ☐ #2 ☐ #3

13. Do you believe you are or may be allergic/sensitive to any of the following?

☐ Pollen or plants
☐ Animal dander (e.g. cats, dogs)
☐ Mold
☐ Dust (e.g. household, wood)
☐ Chemicals
(specify):
☐ Commercial personal products
(specify):
Other:

14. Have you been tested by a physician to verify allergies?
☐ Yes ☐ No

15. Please indicate your tobacco smoking status:
☐ Never smoked
☐ Current smoker
☐ Former smoker

16. Are any of the following regularly [used] in the room(s)?
☐ Spray disinfectants/deodorizers
☐ Plug-in or gel/oil air fresheners
☐ Spray cleaners ☐ Live plants
☐ Other (s)

17. Please indicate your primary job task:
☐ Supervisor/manager ☐ Support/clerical
☐ Professional/technical ☐ Other

18. Can you offer any other comments or observations concerning your work area (continue on next page, if necessary)

Please return (via e-mail or campus mail) completed form and direct any questions regarding this survey to:

Environmental Health and Safety
ehs@niu.edu *Dorland Building* (815)-753-1093